

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00508598 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M M / D D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 12 06 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc	Date <div style="display: flex; justify-content: space-around;"> 11 01 2012 </div>	
Mailing Address 90 Main Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1375.51</div>	
City Maxwell State IA Zip Code 50161		
Purpose of Expenditure e-mail delivery	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">70077.43</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4159

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel	Date <div style="display: flex; justify-content: space-around;"> 11 01 2012 </div>	
Mailing Address P.O. Box 540774	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5400.23</div>	
City Orlando State FL Zip Code 32854		
Purpose of Expenditure e-mail list rental	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">75477.66</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4160

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6775.74
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards
 Signature _____ [Electronically Filed] Date
12
06
2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Liberty Action PAC	FEC IDENTIFICATION NUMBER C C00508598
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y 12 / 06 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Liberty Counsel Action		Date M M / D D / Y Y Y Y Y Y 11 / 01 / 2012
Mailing Address P.O. Box 540629		Amount 254.55
City Orlando	State FL	
Purpose of Expenditure e-mail list rental	Category/ Type	Transaction ID : SE.4161
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
75732.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	254.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	7030.29

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Deryl Madison Edwards

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 06 / 2012